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Consent Decree Paragraph Requirement	Status
¶ 9 Develop the capacity to conduct epidemiologic studies of the EPSDT population to determine if the program is improving recipients' health by July 1996.	In October 1996, Defendants produced a Texas Department of Health (TDH) organizational chart documenting that TDH has the institutional capacity to conduct epidemiological studies of the EPSDT/THSteps population.
¶ 15 Delete or change the program's name by 9/30/95.	A new program name, "Texas Health Steps" (THSteps) was introduced on May 6, 1996.
¶ 16 Medical/dental service provided in accordance with periodicity schedules will be called "check up/examen"	The word "check up" has now replaced the word "screen" in client and provider materials as previously documented to Plaintiffs.

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¶ 17 ■ Mail letters to clients due for a medical and/or dental check-up. ■ Mail letters about the 1 year dental check-up 2 months before due by 1/1/96. ■ Letters to be effective and appropriate (see Consent Decree p.10). ■ Provide brochures/flyers to clients, applicants and agencies where the EPSDT population may be found. ■ Create age appropriate information for use by recipients of specific ages.	In 1995, Defendants begin mailing newly-designed client "Periodic Due" letters for medical and dental check-ups. The average number of monthly client letters is approximately 211,000 (EXHIBITS A and B). In April 1996, Defendants began mailing letters to clients about the one-year-old dental check-up two months prior to the one-year-old due date. The average number of monthly client letters has been approximately 11,000. Defendants completed a client focused assessment(s) of the client informing letters. Based on the findings, client letters were rewritten, redesigned, and implemented in the spring of CY 2000. See attached samples (EXHIBIT B). In the past, the TDH warehouse has shipped thousands of brochures and wallet cards to various entities throughout the state (e.g. doctors, dentists, local health departments, schools, clinics, Texas Department of Protective and Regulatory Services [TDPRS], TDH, Texas Department of Human Services [TDHS], etc.). Plaintiffs have been furnished with numerical information documenting the volume of materials distributed by the warehouse per quarter. The THSteps Program recently contracted with MAXIMUS to perform the THSteps materials storage and distribution function. MAXIMUS will also revise/update the attached materials Resource Catalog (EXHIBIT C) by January 2001.

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¶ 17 (cont.)	Entities scheduled to receive the first quarterly shipments of materials from MAXIMUS are: 1) all THSteps Regional offices (TDH and MAXIMUS), 2) MAXIMUS THSteps Call Centers, 3) all TDPRS offices across the state, 4) all TDHS offices across the state (approximately 400), and 5) all entities who have submitted requests for materials such as providers, schools, clinics, etc. Upon completion of this transition period (TDH Warehouse to MAXIMUS) Defendants will again have numerical information available to share with Plaintiffs on materials distribution.
■ Field test the new Med ID card by 5/31/95 and if acceptable put in use within 6 months.	A new Med ID form was field tested with 413 clients in 1995, and implemented in early 1996. Plaintiffs were furnished with documentation on the testing/revised MED ID form.

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¶ 18 This paragraph does not preclude the development of a new Medicaid card format in the future as contemplated by ¶ 304.	Defendants completed qualitative testing of the new "fee for service" and "managed care"Medicaid card/form (MED ID) in 1997. Plaintiffs were sent a formal and comprehensive written report on the findings. The programing and printing of the current paper Med ID form is the responsibility of the TDHS; the timing of any MED ID changes is subject to negotiations with TDHS. In response to SB 910 (75th Legislature), an interagency task force chaired by the State Comptroller's office has been evaluating the feasibility of adding the Medicaid Program to the State's electronic benefits transfer system. Senate Bill 1587 (76th Legislature) subsequently required that alternative strategies for authenticating Medicaid eligibility, including electronic methods, be identified. The Texas Comptroller of Public Accounts (Chair, Interagency Task Force on Electronic Benefits Transfer) contracted with Renaissance Government Solutions to produce a ten-year strategic plan for electronic service delivery, to include the analysis of an electronic MED ID system. The final MED ID Analysis Report is scheduled for completion/release in November 2000, and will be available on the State Comptroller's web site. A recommendation will be presented to the next legislature. The "expected" recommendation is replacement of the current paper MED ID with a mag-stripe card.

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Consent Decree Paragraph Requirement	Status
¶ 20 Eligibility workers will discuss EPSDT with those who apply for benefits on behalf of an EPSDT eligible person. For discussion elements see Consent Decree p. 12-13.	In 1995, an EPSDT client oral informing Desk Reference used by TDHS eligibility workers was updated to include all of the elements required in the Consent Decree. TDHS eligibility workers were instructed to use the information in the Desk Reference to inform all new and/or recertified applicants/clients about EPSDT services. Workers were also supplied with an informing text to use as a training tool for the informing process. Plaintiffs reviewed and commented on the above materials prior to implementation; the materials are revised/updated as necessary. The last revision made was for the purpose of adding information about case management and updating the client toll-free numbers (EXHIBIT D).
¶ 21 Eligibility workers will provide an EPSDT brochure and a wallet card schedule of medical check ups to each applicant household.	In 1995, TDHS eligibility workers began distributing new EPSDT bilingual client brochures and wallet cards to all new/ recertified clients for AFDC and Medicaid programs. In 1996, TDHS workers were furnished with a new and improved client brochure; this brochure used the new program name (THSteps). Plaintiffs were previously sent a copy of this new brochure. Distribution of the THSteps/EPSDT brochures and wallet cards by TDHS eligibility workers is a daily, ongoing activity. Numerical information on volume of materials distributed to TDHS will be available from Defendants'new contractor at a later date. See "status" for ¶17 (Page 2).

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Consent Decree Paragraph Requirement	Status
¶ 23 Provide assistance to help applicants request further oral outreach by an outreach unit.	In August 1995, Defendants provided TDHS workers with an "Extra Effort Referral" form (EXHIBIT E) to facilitate referral of clients (in need of oral outreach services) directly to regional TDH/ EPSDT/THSteps outreach staff. THSteps staff also accept other methods of client referrals, e.g.; telephone and the TDHS Form 1087 (used to validate medical check-ups/immunizations for THSteps recipients to avoid TANF {formally AFDC} sanctions). Additionally, Defendants' client letters and toll-free number(s) staff both provide information to help clients request further oral outreach. All of the aforementioned processes are ongoing. The number of "Extra Effort Referrals" received from TDHS workers for the months of May, June, and July 2000, was 3,093. The number of TDHS referrals received via the above referenced Form 1087 during the months of June, July, and August 2000, was 1,405.
¶ 25 Oral outreach units provide outreach services when required.	See "status" for ¶ 23 (Page 6).
¶ 29 Outreach units will begin to provide outreach services by 9/1/95.	Client outreach services were implemented in each TDH region in 1995, and have continued since that time. Examples of Defendants' outreach activities are included in EXHIBITS G,H,I,R,and T.1.
¶ 30 Outreach units will work cooperatively with others who serve EPSDT recipients to serve recipients effectively and efficiently.	EPSDT/THSteps regional staff (TDH and MAXIMUS) have established a communication network with other regional entities who serve EPSDT/THSteps recipients. These include ISDs, Head Start grantees, local TDHS offices, WIC agencies, community agencies, etc. Examples of Defendants' activities are included in EXHIBITS I,O,P,R,and T.1.

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Consent Decree Paragraph Requirement	Status
¶ 31 Provide outreach services in all areas of the state.	Each of the eight TDH regions has an EPSDT/THSteps Regional Manager who maintains staff (TDH and/or contract) to provide outreach services to clients throughout their region (EXHIBIT F).
¶ 32 Outreach units will have sufficient staff and other reasonably necessary resources to handle their workload promptly and effectively.	556 THSteps regional staff (TDH, MAXIMUS, and Community Based Organizations) are dedicated to the operation of the THSteps Program (1:3159 THSteps worker/client ratio). MAXIMUS has acquired Predictive Dialer technology for use in THSteps call centers (EXHBIT F.1).
¶ 34 Beginning 9/1/95 outreach units will provide oral outreach to all recipients who request information about EPSDT beyond that provided by TDHS eligibility workers.	Since October 1995, EPSDT/THSteps staff have been receiving and responding to client referrals for oral outreach from TDHS workers. See "status" for ¶ 23, (Page 6).
¶ 35 Beginning 9/1/95 outreach units will provide oral outreach to all clients who miss a medical check up that is due on or after 7/1/95.	In September 1995, EPSDT/THSteps regional outreach staff began offering/providing oral outreach to clients "Overdue" for their periodic medical check-up.
¶ 37 Beginning June 1997, outreach units will provide oral outreach to all recipients who miss a dental check up that is due on or after 4/1/97.	See "status" for ¶ 39, (Page 8)
¶ 38 Outreach units will use highly visual, age appropriate written materials about dental issues.	See "status" for ¶ 148, (Page 29) and ¶ 153 (Page30).

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Consent Decree Paragraph Requirement	Status
¶ 45 Outreach files include TDHS referral lists and TDH lists of recipients who miss check ups.	See "status" for ¶ 23 (Page 6), and ¶ 44 (Page 8).
¶ 46 A written offer encouraging clients to request oral outreach will be mailed to each client identified on the lists within 10 working days of receipt of the TDHS referrals.	Defendants mail letters to all new/recertified Medicaid recipients under age 21 years—regardless of whether a referral has been received from TDHS. This assures that all class members have the opportunity to communicate orally with THSteps staff when in need of additional information or assistance. Defendants' letters were recently re-written/revised (essentially by clients) based on input received in client focus groups.
¶ 47 Outreach units will provide outreach services as described in the Consent Decree.	See "status" for ¶¶ 25-73 (Pages 6-14).
¶ 48 Written offers of outreach will correspond to the reason that outreach is required.	Each of Defendants' letters specifies the reason for outreach. See EXHIBIT B (Page 2).
¶ 49 Outreach units will keep current so they can do prompt outreach and properly manage through recipient caseload.	See "status" for ¶ 60 (Page10).
¶ 52-56 Oral outreach will inform clients about EPSDT (See Consent Decree p.20 for details).	Oral outreach provided by regional EPSDT/THSteps outreach staff includes the information required in Consent Decree ¶¶ 52-56.

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Consent Decree Paragraph Requirement	Status
¶ 59 Outreach units will not make child abuse or neglect reports because of failure to respond to an offer of outreach or failure to receive a medical or dental check-up.	As stated in Defendants' rules published in 25TAC§ 33.61, a recipient's acceptance of EPSDT services must be voluntary.
¶ 60 Each month the outreach unit will report certain numerical information to the EPSDT program (see Consent Decree p.20 for details).	A regional automated system, CARES, was implemented in August 1995, to collect and report the client information specified in Consent Decree ¶¶ 60-61. Although not required by the Decree, Defendants recently revised the report to include some changes requested by Plaintiffs. Attached are revised CARES reports for the months of March, April, and May 2000. EXHIBIT G.
¶ 61 Develop and implement a method that reports the number and percent of recipients receiving medical/dental check-ups after oral outreach.	See "status" for ¶ 60 (Page10).

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Consent Decree Paragraph Requirement	Status
¶ 62 Standardized training of outreach staff.	In 1994, an EPSDT Training and Orientation Guide was developed by Defendants to facilitate standardized training of regional EPSDT/THSteps outreach staff. Central office staff also delivered specialized training which was standardized statewide. In August 1997, a revision to the Training Orientation Guide was completed with distribution to regional EPSDT/THSteps staff. An updated standardized curriculum was used in the fall of 1999, to train Defendants' regional outreach contract staff (MAXIMUS) in the TDH regions and has since been used to train all new regional contract staff. Plaintiffs have previously reviewed/commented on Defendants' training modules.
¶ 64 Conduct other appropriate, aggressive outreach efforts to encourage recipients to use EPSDT services.	Regional THSteps staff (contract and non-contract) develop, conduct, and report their own unique outreach efforts on a monthly basis. See EXHIBIT H.

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Consent Decree Paragraph Requirement	Status
¶ 65 Work with other agencies to inform clients about EPSDT (see Consent Decree p.22 for list of agencies).	In 1995, the Commissioners of the agencies specified in the Decree were given a comprehensive EPSDT manual to share with their staff. In 1998, a revised and updated manual was distributed to each of the above referenced agencies. Plaintiffs were previously provided with this information. THSteps staff continue their ongoing coordination activities with other agencies. See EXHIBIT I.
¶ 68 Provide and update accurate information about EPSDT for inclusion in handbooks of other agencies that serve EPSDT clients.	In 1995, the agencies designated in Consent Decree ¶¶ 65 and 70 were sent a comprehensive EPSDT handbook. Plaintiffs were sent a copy of this information along with copies of the transmittal letters to each of the agencies. A totally revised program manual was distributed to representatives of the same agencies in FY 1998. At that time, Plaintiffs were sent a copy of the revised manual. In 1999, Defendants expanded the number of training modules in the manual and sent revised manual pages to holders of the original manual. This information was shared with Plaintiffs for review and input prior to distribution. Defendants routinely provide THSteps program updates (as needed) to the TDPRS and the TDHS for incorporation in their handbook material. Copies of these updates have been previously shared with Plaintiffs. There was no updates during this quarter.

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Consent Decree Paragraph Requirement	Status
¶ 70 Provide handbook inserts to agencies and programs on an ongoing basis (see Decree p.23 for list of agencies).	See "status" for ¶ 68 (Page12).
¶ 72 Encourage other agencies to use EPSDT brochures and provide adequate supplies of brochures to requesting agencies.	Regional EPSDT/THSteps staff coordinate with other agencies at the local level and provide and/or distribute THSteps brochures. See EXHIBITS I,O,P,R, and T.1. In the past providers and other agencies were supplied with the *Texas Health Steps Resource Catalog* (See EXHIBIT C) to facilitate direct assess to THSteps brochures/materials from the TDH warehouse. Defendants previously furnished Plaintiffs with numerical information on distribution. Additionally, regular shipments of brochures/ materials were sent to the TDH regions and Managed Care Organizations every two to three months. Effective October 2000, TDHS,DPRS, and TDH will begin receiving drop-shipments of materials via MAXIMUS, Defendants' new contractor for storage and distribution of THSteps marketing materials. See "status" for ¶ 17 (Pages 2-3).

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Consent Decree Paragraph Requirement	Status
¶ 73 Arrange for and implement a marketing plan that encourages providers and recipients to participate in the EPSDT program.	In 1995, TDH contracted with the marketing firm "Tate Austin". A multi-media campaign focusing on the importance of preventive check-ups was launched in May 1996. When the the Tate Austin contract expired, Department marketing staff assumed responsibility for the THSteps Program marketing activities/materials. Plaintiffs previously received copies of information related to both of the above referenced plans. In 1999, Defendants completed client focus group testing on all their primary client marketing materials. As such, the current client marketing plan is to maintain and update as necessary the existing client marketing materials, and focus on improved distribution/ordering processes. Defendants have already implemented this plan via a contract with MAXIMUS. See "status" for ¶17 (Page 2) and ¶ 72 (Page 13). For example, under the new MAXIMUS distribution system, orders for materials can be placed by telephone, fax, writing, or using a Web-based on-line system. Attached is this year's (2000) provider marketing plan developed by Defendants' health insuring agent, National Heritage Insurance Company (NHIC). See EXHIBIT J. NHIC provider relations staff continue to work closely with the THSteps regional provider relations staff in all provider related matters.
¶ 90 Simplified form for EPSDT medical check ups to be used no later than 12/31/95.	The HCFA 1500 universal provider billing form was implemented in the EPSDT/THSteps medical check- up program for dates of service on and after January 1, 1996. Plaintiffs received several sources of documentation at that time.

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Consent Decree Paragraph Requirement	Status
¶ 91 Immunization tracking system to be in place by 1/96 permitting providers to promptly request up to date information about patients' immunization status.	Defendants' Immunization Registry and Tracking System (ImmTrac) is in place and continues operation. The tracking system enables a physician to access ImmTrac and view current patient immunizations (providing the immunization records have been forwarded to the system). The system now includes 4.1 million children with 26 million doses of vaccine recorded—approximately seven doses per child. Originally, all class members' immunization records were automatically entered into ImmTrac. However, with the passage of HB 3054 by the 75th Texas Legislature, a child's record can now be forwarded to ImmTrac **only** with parental consent.
¶ 93 Maintain updated lists of providers who serve EPSDT clients.	In 1995, Defendants developed/implemented a Provider "Look-Up" software application. The primary function of this software is to provide TDH regional staff with a tool for maintaining an electronic list of THSteps providers in their region. The system has the ability to view, add, change, and delete provider data (e.g.; office hours, practice limitations, and whether the provider is taking new patients). Search capabilities allow staff to generate lists by provider speciality or geographic location. Staff in each region assume responsibility for keeping their THSteps/Medicaid "Provider Look-Up" files updated/current. Reports of all enrolled medical and dental check-up providers are distributed to each region on a quarterly basis with weekly updates.
Provide NHIC staff information about provider practice limitations and encourage NHIC to use the information.	THSteps regional provider liaison staff work cooperatively with NHIC's provider relations staff assigned to their geographic area. This includes information sharing, joint planning for public and private provider recruitment, troubleshooting provider problems etc.

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Consent Decree Paragraph Requirement	Status
¶ 94 Senior management staff in each of the 8 TDH regions will be responsible for provider relations. Work with providers who serve EPSDT recipients to reduce or eliminate problems that discourage providers from participating in the program.	See "status" for ¶ 93 (Page 15) , ¶ 103 (Page 18), ¶ 106 (Page19), and EXHIBIT L.
¶ 96 Outreach units will respond to providers' requests for assistance to encourage recipients to receive services when recipients a) miss appointments or b) are overdue for check ups, and will explain how to contact outreach units.	With the TDH regional implementation of the CARES system in 1995. (See "status" for ¶ 60 (Page 10), outreach units began responding/documenting their responses to providers' requests for assistance. The number of provider requests received is recorded on the CARES reports (EXHIBIT G) by region and statewide. Each region used various means to contact the provider base in their geographic area to advise them of this support service and how to contact THSteps outreach units. In June 1998, Defendants implemented a new standardized statewide Provider Referral Protocol (for all provider types). Defendants were previously given documentation on this new process. Recently, Region 7, designated a 1-800 toll- free telephone number for use by providers having requests for assistance, problems, or concerns.

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¶ 99 By 9/1/97 implement a method to index the reimbursement rate for medical check ups in non-managed care areas.	In 1997, Defendants completed an indexing methodology resulting in yearly "fee-for-service" medical check-up provider reimbursement increases beginning in SFY 1998. The SFY 2001 fee adjustment became effective September 1, 2000, increasing the reimbursement for THSteps medical check-ups from $48.19 to $49.01 (in both fee-for-service and managed care). EXHIBIT K.
¶ 102 By 5/30/95 list all relevant professional schools in Texas that are not enrolled as EPSDT providers and by 10/31/95 complete efforts to to recruit them to become providers.	This requirement was originally completed in 1995. Non-enrolled schools (medical, dental, and nursing) were again contacted in June 1998, to determine their level of interest in becoming a provider and/or their objection (s) or barriers to participation in the THSteps Program. A follow-up status report was completed in July 1998, and provided to Plaintiffs.

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¶ 103 National Heritage Insurance Company (NHIC) will increase its provider relations staff to 28 to increase recruitment efforts.	NHIC maintains a provider relations staff in excess of 28. The following is a list of NHIC Provider Relations staff positions as of October 1, 2000: Provider Relations Manager 1 Provider Relations Team Leaders 3 Field-placed Provider Relations Reps. 19 In-house Provider Relations Reps. 8 Marketing Coordinator 1 Events Coordinator 1 Statistician 1 Specialty Clerks 4 Effective October 23, 2000, the Provider Relations team at NHIC is divided equitably by number of billing providers. The metropolitan area field- based staff serves approximately 3600 billing providers and the rural area staff serves 2600 billing providers. In some cases, there is more than one representative per TDH region. An additional two multi-regional representatives serve small territories and out-of-state providers; as such, they are available to assist in any area where there are special needs or staffing changes. Provider Relations staff welcome all new providers into the program ("Success With Medicaid"). Introductory education is provided and includes a packet of information which is mailed within two weeks of a provider's enrollment and a face-to-face visit is conducted within 30 days.

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¶ 103 (cont.)	Claims filing analysis is done at three and six month intervals to assure "success" in the program. The focus of the Provider Relations recruitment efforts in FY 2000, has been to increase THSteps providers in general and especially in certain areas of need. These efforts have been very successful. A final report will be sent to TDH in late January 2001.
¶ 106 Regional provider relations staff will: ■ Assist providers to receive training relevant to provision of services to clients. ■ Assist providers and their administrative staff to receive training about the administration of the program.	Each TDH region has designated THSteps provider liaison staff who supplement the provider relations activities of NHIC (Defendants' health insuring agent). TDH regional provider liaison activities include provider recruitment and various ongoing provider relations type activities (EXHIBIT L).

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¶ 107 Provide information and facilitate ongoing training about Medicaid and EPSDT at all relevant professional schools in Texas.	A Request for Proposal (RFP) to contract for the required services was published in the TEXAS REGISTER on April 28, 2000. (The "Scope of Work" includes the language agreed upon in accordance with Defendants' January 7, 2000 response to Plaintiffs' questions/comments). A pre-proposal bidders conference was conducted at TDH on May 18, 2000. Three proposals were received in July 2000. A $1.3M contract award was made to the Texas Nurses Association (TNA) to provide services related to provider recruitment, retention, and the training of THSteps medical and dental providers. Contract implementation began in September 2000. Plaintiffs received an update on the status of this contract at the October 10, 2000 meeting between the parties e.g.; TNA has hired a project manager to handle contract implementation; contract requirements are to be completed by August 2001, including development of provider training materials.
¶ 108 Make staff available to participate in ongoing training in conjunction with appropriate professional training, e.g. how to conduct a medical check up for a teenager or a dental check up for an infant.	TDH professional staff and TDH contracted professional staff at NHIC participate in ongoing professional and office staff training regarding the THSteps program. See "status" for ¶ 109 (Page 21).

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¶ 109 Staff will be made available to professional organizations for training about EPSDT to include EPSDT administrative aspects and clinical issues.	Since September 1998, TDH and NHIC professional staff have been meeting on a quarterly basis with seven professional organizations*. The purpose of the meetings is to provide educational information on the THSteps Program and exchange information on clinical policy. There are also frequent discussions about things that are changing, e.g.; the desire of providers to now bill Medicaid using CPT codes for preventive services instead of Texas Medicaid only local codes. Another recent discussion concerned the addition of the new vaccine, Prevnar, under the Vaccine for Children's Program. Organizational representatives many times incorporate meeting information into their member newsletters. * Texas Medical Association (TMA), Texas Pediatric Association (TPA), Texas Osteopathic Medical Association, Texas Dental Association (TDA), Texas Hospital Association, Texas Association of Obstetrics and Gynecology, and Texas Association of Family Practitioners. Two of the TDH Medical Directors (Health Care Financing and Medicaid Managed Care) gave a training lecture to the Texas Pediatric Society on September 23, 2000, at its annual meeting in Dallas. The training centered on THSteps check-ups (content and chart documentation). The Managed Care Medical Director emphasized managed care issues, and the Medical Director for Health Care Financing addressed Medicaid policy and information in the manual and bulletins . Both of the above TDH physicians also participate in discussions about preventive care for children at relevant committee meetings of the TPA and the TMA.

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¶ 109 (cont.)	Staff at TDH and the Health and Human Services Commission have also been working with staff from the TMA and the TDA on the rule making process for implementation of HB 1285. This new state law, passed in the 76th legislative session, requires parental/adult presence at class member dental and medical check-ups in order for providers to receive payment for same (Effective December 1, 2000). Defendants are now having further discussions with TMA and TDA about how to enforce this new payment policy.
¶ 111 Facilitate annual NHIC training seminars for medical and dental check up providers. Trainers will include physicians and dentists.	See "status for ¶ 107 (Page 20).
¶ 112 Facilitate training for professionals about mental health assessments for indigent children and youth. The training will describe recent expansions in Medicaid coverage of outpatient mental health services.	See "status" for ¶ 107 (Page 20).
¶ 116 Facilitate training for professionals in the provision of EPSDT services to teenagers.	Defendants continue to sponsor a THSteps training program for professionals (nurses, physician assistants, social workers, nutritionists) on "Basic Concepts in Identifying the Health Needs of Adolescents". This training is in addition to the regular THSteps medical check-up training courses. See "status for" ¶ 131 (Page 25) and EXHIBIT N.

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¶ 117 Facilitate training on new clinical issues regarding provision of care to EPSDT clients.	See "status" for ¶ 107 (Page 20).
¶ 120 Develop training modules designed to be included in other training programs about the realities of EPSDT clients' lives to attempt to improve providers' attitudes toward recipients and provide to professional schools.	See "status" for ¶ 107 (Page 20).
¶ 122 Incorporate specified information into the nurse training modules on conducting EPSDT check ups (See p.35 of the Decree).	The information specified in the Decree is included in the nurse training modules. This documentation was previously provided to Plaintiffs.
¶ 123 Make the above training available for non-TDH nurses.	Training is available to the staff of private providers. See EXHIBIT N.
¶ 129 By 1/31/96 implement an initiative to inform pharmacists about EPSDT and EPSDT's coverage of items found in pharmacies.	Articles informing pharmacists about EPSDT coverage were published in the September 1995 issue of the *Texas Pharmacy Journal* and in the December 1994/January 1995 issue of the NHIC *Texas Medicaid Bulletin*.

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¶ 130 By 1/31/96 conduct a professional and valid evaluation of pharmacists' knowledge of EPSDT coverage of items commonly found in pharmacies. If pharmacists' understanding is unacceptable, conduct an initiative to orally inform pharmacists about EPSDT's coverage.	In 1996, a survey was conducted to measure provider pharmacists' knowledge of EPSDT Comprehensive Care Program (CCP) services. The parties agreed that the pharmacists' CCP knowledge was unacceptable. Defendants completed a four-part training plan which included 1) distributing informational handouts to all pharmacies enrolled in the Vendor Drug Program, 2) providing THSteps-CCP pharmacy information on a TDH Web page, and 3) Defendants' participation in the annual Texas Pharmacy Association meetings. Exception: development of a training video for pharmacists is included in Defendants' current contract with TNA. See "status" for ¶ 107 (Page 20). Defendants continue to conduct Vendor Drug Program provider informing/educational activities eg; information booth at the annual Texas Pharmacy Association (TPA) meetings, presentation of program information on the TDH Web page, annual provider visits by TDH Regional Pharmacists, maintaining updated Vendor Drug Program provider manual material, giving technical assistance, and publishing information in the *Texas Medicaid Bulletin* (EXHIBIT M). Defendants have previously furnished Plaintiffs with documentation of the above activities (consultation forms, program telephone numbers, meeting dates staff attended TPA meetings and where, Web site etc.).

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Consent Decree Paragraph Requirement	Status
¶ 131 Arrange scholarships to enable needy providers to attend TDH sponsored EPSDT training programs.	15 scholarships were arranged/funded for nurses training (how to perform a THSteps check-up) between July 1995, and February 1996. **At the time the Consent Decree was negotiated neither party was aware that provider training scholarships are not a federally allowable cost under Title XIX, Medicaid;** as such, Plaintiffs continue to seek funding from non-Title XIX resources, in order to meet this requirement. THSteps staff have now negotiated a non-competitive agreement with the TNA to develop scholarship selection criteria (to include providers in under-served areas of the state and practices that serve significant populations of minorities and Medicaid recipients) and award scholarships in FY 2000/2001 for THSteps check-up training (pediatric and adolescent check-ups) to nurses and physician assistants who are employed by THSteps providers. Eight pediatric training scholarships were awarded during the period of July 15, 2000 to August 31, 2000 (EXHIBIT N).

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¶ 136 ■ Resolve problems preventing clients from receiving services from public providers, i.e., Bexar County Hospital District. ■ Develop strong links between TDH's provider relations staff and family planning clinics to facilitate referrals. ■ Resolve issues for providers who receive cost based reimbursement for check ups.	In 1996, THSteps central office staff contacted the Bexar County Hospital District and resolved their problem (about the laboratory component of the THSteps medical check-up). Provider problem resolution is one of the ongoing provider relations activities performed by both NHIC and TDH provider representatives. See "status" for ¶ 103 (page 18) EXHIBIT L. Regional THSteps and NHIC provider relations staff continue to work with family planning providers and cost based reimbursement providers in the same manner as other potential or actively enrolled EPSDT/THSteps providers.
¶ 137 Regional provider staff will assess each public provider's need for training and will facilitate the receipt of training when appropriate.	See "status" for ¶106, (Page19) and EXHIBIT L.
¶ 138 Facilitate training for all relevant public provider staff.	See "status" for ¶ 137 (Page 26) and EXHIBIT L.

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Consent Decree Paragraph Requirement	Status
¶ 139 By 5/95 determine which Medicaid family planning agencies are not enrolled to provide EPSDT check ups. By 1/96 conduct an enrollment initiative. Coordinate the efforts to recruit family planning clinics to provide EPSDT medical check ups with TDH's family planning staff	An article was published in the June/July 1995 issue of the *Texas Medicaid Bulletin* encouraging Family Planning agencies to enroll as EPSDT/THSteps medical check-up providers. In November 1995, a letter was mailed to all non-enrolled Family Planning providers (over the Family Planning Director's [physician] signature) encouraging EPSDT provider enrollment. The above enrollment initiatives were coordinated by central office EPSDT/THSteps staff with TDH's Family Planning staff. Copies of the information were shared with Plaintiffs. THSteps central office staff recently met with the Family Planning Advisory Committee to discuss THSteps check-ups. Staff continue to be available to the Advisory Committee and to provide THSteps Program assistance.
¶ 140 Make efforts to enroll non-participating public providers.	See "status" for ¶ 102 (Page 17), ¶103, (Page 18), and ¶106 (Page 19) and EXHIBIT L.
¶ 141 Recruit ISDs to provide EPSDT medical and dental check ups and coordinate other needed services.	ISD activities are performed and documented by Regional THSteps staff on an ongoing basis (EXHIBIT O).

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¶ 142 Cooperate with Head Start programs to ensure that Head Start EPSDT recipients have access to EPSDT services.	Regional THSteps staff document coordination with Head Start Program staff on an ongoing basis. See EXHIBIT P.

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Consent Decree Paragraph Requirement	Status
¶ 148 Conduct outreach to families with EPSDT client infants to help to prevent Baby Bottle Tooth Decay (BBTD).	A "Statewide Dental Health Awareness Plan" was previously furnished to Plaintiffs (Exhibit N, January 1998 Quarterly Monitoring Report). The plan was implemented according to schedule. On September 9 & October 27, 1997, Plaintiffs were sent copies of information associated with the plan (training video, poster, brochure, trainers' manual, trainees' workbook for outreach workers, and the final report of the Dental Recruitment and Retention Committee). Outreach activities around the State now include the dental information from the Statewide Dental Health Awareness Plan training per the information sent to Plaintiffs. Ongoing implementation of the plan continues with client outreach and BBTD education to other agencies and groups. A new flip chart (an addition to the original training materials) was sent to Plaintiffs on September 22, 1998 along with a copy of the Vietnamese version of the "Take Time for Teeth" brochure. A copy of the TDH "Take Time for Teeth" brochure printed in a local newsletter for parents and their children in the El Paso area was included in Exhibit O of the October 1998 Quarterly Monitoring Report. The "Take Time for Teeth" curriculum and other information can be reached via Internet @ http://www.tdh.state.tx.us/dental/ttfthome.htm. Defendants' "Take Time for Teeth" educational exhibit and presentation won first prize at the Texas Public Health Association (TPHA) meeting in April 1999. The materials were judged on their ability to educate the public on a public health topic. Other judging criteria included creativity, understandability (literacy-level), educational content, accessibility to the target audience, and innovativeness. The "Take Time for Teeth" award was announced in the Spring 1999 issue of the TPHA Journal.

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¶ 148 (cont.)	See EXHIBIT H for examples of THSteps regional staff BBTD outreach activities.
¶ 153 Age appropriate outreach will also address the prevention of BBTD.	Regional staff continue to perform targeted client dental outreach services on an ongoing basis. Examples of this activity are included in EXHIBIT H.
¶ 161 By 4/30/95 identify all dentists who provide services to EPSDT clients but provide few or no sealants.	Completed.
By 5/31/95 write to dentists whose practices could include sealants (about sealants). Letters will be sent to dentists who regularly provide sealants and dentists who do not.	In the spring of 1995, a letter was mailed to all enrolled dentists over the TDH Dental Director's signature.
By May 31, 1996, review billing records to determine if the number of dentists who regularly provided sealants has increased.	Completed. Between FY 1994, and FY 1995, there was a 14.1% increase in the total number of dentists applying sealants and a 17.0 % increase in the number applied per provider.
Dentists who do not provide sealants will receive further targeted outreach information about sealants.	In November 1996, all THSteps dentists who had not billed for sealants received a letter from the TDH Dental Director encouraging sealant placement and reiterating that the research finds it acceptable to place sealants over enamel caries. The letter included an article on sealants from the *Journal of Public Health Dentistry*. Plaintiffs received a copy of this information.

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Consent Decree Paragraph Requirement	Status
¶ 165 No later than 10/31/95, maintain reports of the number and percent of dentists who see 0-29, 30-99 and 100+ EPSDT clients every 3 months.	Reports with the specified data have been given to Plaintiffs for SFY 1996, SFY 1997, SFY 1998, and SFY 1999. Reports for the first three quarters of SFY 2000 are attached EXHIBIT Q.